



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 519614		2. Exact name of the Corporation FLOR DI BRAVA			
3. Principal office address 593 Weeden St.			City Pawtucket	State RI	Zip 02908
4. Business Phone No. 401-305-5155		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Food market / convenience store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Antonio Gomes			Vice-President Name Izilia Gomes		
Street Address 53 Columbus St.			Street Address 53 Columbus St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Antonio Gomes			Treasurer Name		
Street Address 53 Columbus St.			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000		

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 CORPORATIONS DIV  
 10:22 FEB 29 AM 8:52

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

BY D 164945

**FILED** 852  
 FEB 29 2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Izilia Gomes  
 Signature of Authorized Representative

Date

Izilia Gomes  
 Print or Type Name of Authorized Representative

Print or Type Name of Authorized Representative